## A blue and black logo  Description automatically generated

**SUPERVISION COURSE**

**October 2025 – July 2026**

**APPLICATION FORM**

## Your Details

|  |  |
| --- | --- |
| Title |       |
| First Name |       |
| Surname |       |

|  |  |
| --- | --- |
| Address: |       |
|  |       |
| City: |       |
| Post Code: |       |

|  |  |
| --- | --- |
| Phone |       |
| Mobile |       |
| e-mail |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Gender: |  | Date of Birth: |       |

How did you hear about this course?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SAP Website |  |  | Internet search |  |
| SAP Events |  |  | Word of mouth |  |
| SAP Open Afternoon |  |  | Analyst |  |
| SAP Print Ad |  |  | SAP Flyer |  |
| SAP Newsletter |  |  |  |  |

Please give details of your profession:

| **Years** | **Organisation** | **Job Title** |
| --- | --- | --- |
|       |       |       |
|  |       |

Please give details of your Professional Qualifications (degrees, diplomas):

| **Years** | **Institution** | **Subject** |
| --- | --- | --- |
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|       |       |       |
|       |       |       |

Please give details of your Employer/s:

| **Years** | **Institution** | **Details of work** |
| --- | --- | --- |
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|       |       |       |
|       |       |       |

Please give dates and details of Training in Analytic Psychotherapy / Analytical Psychology / Psychodynamic Counselling / Groups / Couples and Family :

| **Training** | **Institution** | **Year Completed** |
| --- | --- | --- |
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|       |       |       |
|       |       |       |

Please give details of your current Professional Registration (BPC, UKCP, BACP Accreditation, or equivalent to one of these):

Please give dates, frequency and orientation of **personal analysis/psychotherapy:**

| **Dates** | **Frequency** | **Orientation** | **Training Organisation/Registering Body** |
| --- | --- | --- | --- |
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Please give dates and orientation of **personal supervision:**

| **Dates** | **Orientation** | **Training Organisation/Registering Body** |
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Have you taken any other course in supervision? If so, give details:

Please give details of your past experience of being a supervisor

Current experience of being a supervisor

What type of work do you supervise?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Counselling |  |  | Group Therapy |  |
| Psychodynamic |  |  | Humanistic |  |
| Psychotherapy |  |  | Cognitive Behavioural |  |
| Analysis |  |  | Other Groups |  |
| Supervision of supervision |  |  | Other (eg Social Workers, Nurses, etc.) |  |

Do you supervise?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Weekly |  |  | Fortnightly |  |  | Monthly |  |  |

Is the work you supervise?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Long Term |  |  | Short Term |  |  | Both |  |  |

Is the work you supervise?

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Individuals |  |  | In groups |  |  | Both in pairs and in groups |  |  |

Settings in which supervision takes place:

How many people do you supervise? Please describe their orientations, experience, trainings and the settings in which they work

Please state your aims in attending this course. In particular, describe how you envisage using a psychodynamic approach in your own supervision practice.

State preferred options for supervision of supervision group in **order of preference**.

* Tuesdays, 12.30 – 2.00 pm Jan Wiener
* Wednesdays, 10.30 am – 12 pm Graham Fuller
* Wednesdays, 2 – 3.30 pm Hellen Mabhikwa
* Fridays, 10 – 11.30 am Christine Driver
* Fridays, 10 – 11.30 am Bob Withers

*N.B.* ***All the supervision of supervision groups, except Jan Wiener’s group will be held online. Jan hopes to offer supervision of supervision in person as long as there is sufficient interest to form a group.***

In addition please state when you could make yourself available to attend a group (1 ½ hours) should these groups be full or should it be impossible for you to travel to them. *(Weekdays daytime only.)*

In which areas would you be able to attend a supervision of supervision group should the above groups be full or should it be impossible for you to travel to these groups (i.e. N/S/W/SW London, Oxford, Cambridge, Surrey, Sussex, North Derbyshire or Rutland)?

*N.B.* ***All efforts will be made to place participants in a weekly supervision of supervision group. S***hould this not be possible, we will make every attempt to accommodate individual needs although ***we cannot guarantee matching your requirement.*** If it is impossible for you to travel to a group, individual arrangements with a designated SAP senior analyst may have to be arranged. *Please discuss this with the course convenor, Miranda Alcock (mirandaalcock@icloud.com)*

Are there any ethical complaints against you, upheld, outstanding or in progress?

Lunch is provided on the seminar day. Please state any dietary requirements

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Will the disability chair lift be needed on the Saturdays?

N.B. The chair lift does not extend to the top floor where some of the sessions may be held.

I agree to the SAP using this information to process my application and for statistical purposes.  The SAP will not use this information for any other purposes.

I give permission for the SAP to send me information about other SAP training events (delete if not wanted)

Signature: ................................................................. Date: ...................................................

**Fees** for the course are **£1800** and are payable in 3 equal instalments.

The first instalment will be payable on acceptance.

For the subsequent two terms, you will be requested for the term’s fees in advance. Fees can be paid by bank transfer. If fees are to be paid by your employer, please provide evidence of authorisation.

The Saturday Workshop **Programme** and a detailed **Information Sheet** for the course can be found on the SAP website [www.thesap.org.uk](http://www.thesap.org.uk) under “Training&Courses/Continuous Professional Development”or can be obtained from the Training & Education Manager, address below.

**Closing date** for receipt of applications is **Sunday,** **7th September 2025**.

**Cancellation Policy**

All cancellations must be made in writing.

In the event of cancellation, fees will not be refunded other than in exceptional circumstances and at the sole discretion of the SAP.

We welcome electronic applications and payment (via credit/debit cards or bank transfer).

The Training & Education Manager

Society of Analytical Psychology,

1 Daleham Gardens, London NW3 5BY.

Tel: 020 7419 8898. Email training@thesap.org.uk